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## The Power of Clan: The Influence of Human Relationships on Heart Disease

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## Book Reviews

**The Power of Clan: The Influence of Human Relationships on Heart Disease,** by Stewart Wolf and John G. Bruhn. New Brunswick, New Jersey: Transaction Publishers, 1993. viii + 171 pp., \$29.95.

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The relationships between social factors and heart disease are elusive. There are many clues but few definitive findings. This study is fortuitous. Early 1960s health statistics showed that Roseto, Pennsylvania, had lower rates of myocardial infarction than surrounding towns. Other disease rates did not show this difference. Roseto was not religiously homogeneous. The life style was similar in all towns; there were high cholesterol levels, high rates of smoking, and few people exercised. The chief differences were that in mainly Italian Roseto there was an emphasis on the extended family, community socializing, and participation.

The authors say that family contact and community participation explain the lower rate of myocardial infarction. Over the next twenty-five years several studies were done by these and other researchers. This volume reports on research from the late 1980s. It is a stripped down replication since funds were not available for a full replication.

There is a well-grounded history of Roseto and the research but the story is not clear. There is some difficulty in following the time sequence, especially as to when the various studies were done. Some of the history is repetitive. The outline of the argument and the literature used to support it is excellent.

Now, even though the diet is better, the rate of myocardial infarction in Roseto matches surrounding towns. There is a changed social structure. Roseto is now more middle class. The slate quarry and clothing factories on which the town had depended are gone. The children of immigrants are successful and many have moved away. Participation in the face-to-face extended family has declined and community institutions are either defunct or moribund. The authors interpret

the increased myocardial infarction rate as being due to rapid social change, specifically the change in family and community participation.

This reviewer questions accepting the rapid social change interpretation on two grounds. The first is the move from strenuous occupations to a more sedentary work life. While exercise is mentioned as a possible factor it was not controlled for.

The second is that it is not the rapidity of the social change but its absoluteness that makes the difference. Social isolation experienced as deprivation has never predicted a healthy life. Other research shows that family contact and support mechanisms continue to exist even when people become widely separated. What is missing is the face-to-face contact. Loose, all-purpose explanations, like rapid social change, explain nothing. This work contributes more to showing the importance of checking out social factors in medical practice than it does to the sociology of medicine.

Despite this reviewer's differences in interpretation this is a highly useful work. It reflects the importance of the slowly dying tradition of field research in sociology. It is to be hoped that the authors continue and refine their work in Roseto. They have a chance to make a contribution to unraveling the tangled relationships between social and biological factors related to health.

**Quantum Psychology: Steps to a Postmodern Ecology of Being**, by Stephen T. DeBerry. Westport, CT: Praeger, 1993. 201 pp. \$49.95. ISBN 0-275-94171-x.  
*L. John Brinkerhoff*  
*The Center for Individual and Family Services*  
*Mansfield, Ohio*

An alternative title might have been "Postmodernism and the Schizoid Condition of Being." While the author seeks to introduce a quantum approach to analyzing and understanding contemporary social process, the primary vehicle for doing so is in explicating the schizoid condition, the "cornerstone" for understanding postmodern culture.

The author, a clinical psychologist, has sought an audience beyond psychology, while acknowledging his relative lack of grounding in other social sciences. Indeed, clinical sociologists might re-frame easily much content within such sociological paradigms as symbolic interactionism, ethnomethodology, role theory, alienation theory, and the sociology of knowledge. The wise reader, however, might do well to resist such temptation, since what the author proposes is a means of conceptualization and change going far beyond the explanatory